

FILED DEC 20 1950

STANDARD CERTIFICATE OF DEATH

39812

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>3006</u>		Registrar's No. <u>318</u>	
1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		0664	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ellis Fischel State Cancer Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>805 Pleasant St.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Emma</u>		b. (Middle) <u>Marie</u>		c. (Last) <u>Tumilty</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>12-12-50</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>10-22-93</u>		9. AGE (In years last birthday) <u>57</u>		10. MONTHS <u>2</u>		11. DAYS <u>10</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Near Winfield, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Jacob Edinger</u>		13b. MOTHER'S MAIDEN NAME <u>Johana Tweed House</u>		14. NAME OF HUSBAND OR WIFE <u>John Tumilty</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <u>_____</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Record</u>		ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Leukemia, acute, subleukemic</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>2044</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Approx 3 mos</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>December 11, 1950</u> , to <u>Dec. 12, 1950</u> , that I last saw the deceased alive on <u>Dec. 12, 1950</u> , and that death occurred at <u>12:50 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John C. Tinsley Jr., M.D.</u>		23b. ADDRESS <u>Columbia, Mo. Ellis Fischel State Cancer Hospital</u>		23c. DATE SIGNED <u>12-12-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Dec-14-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elaborry, Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>Elaborry Mo</u>	
DATE REC'D BY LOCAL REG. <u>Dec 12 1950</u>		REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u>		F. FUNERAL DIRECTOR'S SIGNATURE <u>Parther</u>		ADDRESS <u>Fun Service Columbia</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 12/19/50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 12/19/50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No. _____

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. 2823

P. O. Address Columbia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.